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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *SLK*  
 This appln claims benefit of 60/441,046 01/17/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *SLK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>SLK</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
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TITLE  
 Haplotype analysis

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